

FILED JAN 18 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 13749

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10186</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, County</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital 6150 Oakland</b>				d. STREET ADDRESS (If rural, give location) <b>Valley Mount Ranch, Highway 66</b>			
3. NAME OF DECEASED (Type or Print) <b>Augusta</b>		a. (First)		b. (Middle) <b>Leikam</b>		c. (Last)	
4. DATE OF DEATH <b>Nov. 27, 1950</b>		(Month)		(Day)		(Year)	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>August 29, 1885</b>		9. AGE (In years last birthday) <b>65</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>August Federer</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Link</b>		14. NAME OF HUSBAND OR WIFE <b>George Leikam</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>George Leikam</b> ADDRESS <b>Valley Mt. Ranch, Highway 66</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Endocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension - Asthma</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b> <b>10 yrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H/21.4</b>			
22. I hereby certify that I attended the deceased from <b>5/3</b> , 19 <b>48</b> , to <b>11/27</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>10/27</b> , 19 <b>50</b> , and that death occurred at <b>8 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Dr. Wayne M. Weaver D.O.</b> (Degree or title) <b>23A Southwest</b>				23b. ADDRESS _____		23c. DATE SIGNED <b>10/29/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/1/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter &amp; Paul Cemetery</b>		24d. LOCATION (City, town, or county) <b>St. Louis</b> (State) <b>Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Nov 29 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Lassater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Gebken Sons</b> ADDRESS <b>2630 Gravois Ave.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

*Robert F. Gibken*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.